

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BAF	70385	
O.I.P.E. CLASSIFIER		68971	2/25/00
FORMALITY REVIEW		68971	3/29/00
RESPONSE FORMALITY REVIEW		68971	7/10/00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/5/01
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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11	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	4/5/01
52	✓	✓	
53	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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